## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC			
	C C00530766		
Check if 24-hour report 🗶 48-hour report New report 🗶 Amends report filed	d on 08 24 2016		
Full Name of Payee	Data of Ballia Distribution (Discouring tour		
American Marketing & Publishing	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 7380 Sprout Springs Rd			
Ste 210-248	Amount		
City State Zip Code	1250.00		
Flowery Branch GA 30542	Transaction ID : SE.6288 Date of Disbursement or Obligation		
Purpose of Expenditure Door Hangers  Category/ Type  006	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	e Sought:   House District: 04		
MIA LOVE Oppose	President Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought  Disb. 2016	ursement For:		
Full Name of Payee American Marketing & Publishing	Date of Public Distribution/Dissemination		
	08 22 2016		
Mailing Address 7380 Sprout Springs Rd	Amount		
Ste 210-248			
City State Zip Code	1145.00 Transaction ID : SE.6426		
Flowery Branch GA 30542	Date of Disbursement or Obligation		
Purpose of Expenditure Door Hangers  Category/ Type  006	08 / 22 / 2016		
Name of Federal Candidate Support Office	e Sought:		
H DOUGLAS OWENS Oppose	President Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	2395.00		
	7 7		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Emily Buchanan  [Electronically Filed] Date	09 20 2016		
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC		C C00530766	
		C 00030700	
Check if 24-hour report 48-hour report New report	X Amends report filed c	on 08 / 24 / 2016	
Full Name of Payee		Date of Public Distribution/Dissemination	
HWS Headway Work Force Solutions		08 22 2016	
Mailing Address 421 Fayetteville St #1020			
		Amount	
City State Zip C	Code	1620.50	
Raleigh NC 2760		Transaction ID : SE.6279 Date of Disbursement or Obligation	
Purpose of Expenditure Cate	egory/	M M / D D / Y Y Y Y	
Canvasser payroll 8/22-8/31	Type 001	08 22 2016	
Name of Federal Candidate	Support Office	Sought: K House District: 04	
MIA LOVE	Oppose	President Senate State: UT	
Calendar Year-To-Date		sement For: Primary X General	
Per Election for Office Sought	620.50 2016	Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination	
HWS Headway Work Force Solutions		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 421 Fayetteville St #1020			
		Amount	
City State Zip C	Code	1620.50	
Raleigh NC 2760	· .	Transaction ID : SE.6282  Date of Disbursement or Obligation	
Purpose of Expenditure Converge Review 9/33 9/34	egory/ 002	M = M / D = D / Y = Y = Y	
Canvasser payroll 8/22-8/31	Type 002	08 22 2016	
Name of Federal Candidate	Support Office	Sought: 🗶 House District: 04	
H DOUGLAS OWENS	X Oppose	President Senate State: UT	
Calendar Year-To-Date		sement For: Primary 🗶 General	
Per Election for Office Sought	241.00	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	······	3241.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	·····		
(a) TOTAL Independent Expenditures			
(c) TOTAL Independent Expenditures	<b>&gt;</b>	4 4	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political			
party committee) any political party committee or its agent.		,	
Enrilla Brook on on			
Emily Buchanan [Electronically I	Filed] Date 09	2016	
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 3 OF 3 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC		C C00530766
check if 24-hour report <b>X</b> 48-hour report N	ew report X Amends report	filed on 08 24 2016
Full Name of Payee HWS Headway Work Force Solutions		Date of Public Distribution/Dissemination
·		08 22 2016
Mailing Address 421 Fayetteville St #1020		Amount
City State	Zip Code	200.00
Raleigh	27601	Transaction ID : SE.6284 Date of Disbursement or Obligation
Purpose of Expenditure Canvasser Mileage 8/22-8/31	Category/ Type 006	08 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>x</b> Support	Office Sought:    House District: 04
MIA LOVE	Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary   General  Other (specify)   Other (specify)   Other (specify)   Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
HWS Headway Work Force Solutions		08 22 2016
Mailing Address 421 Fayetteville St #1020		Amount
City State Raleigh NC	Zip Code 27601	200.00 Transaction ID : SE.6286
Purpose of Expenditure	27001	Date of Disbursement or Obligation
Canvasser Mileage 8/22-8/31	Category/ Type 006	08 / 22 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 04
H DOUGLAS OWENS	<b>✗</b> Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		400.00
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		6036.00
Under penalty of perjury I certify that the independent expension with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
	Electronically Filed] Date	09 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		